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|   |  |   |   |   |                                       |                                       |                        |
|---|--|---|---|---|---------------------------------------|---------------------------------------|------------------------|
| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875   |  |   |   | Application or Docket Number<br><b>10/792,237</b> | Filing Date<br><b>03/03/2004</b>      | <input type="checkbox"/> To be Mailed |                        |
| <b>APPLICATION AS FILED – PART I</b>  |  |   |   | <b>OTHER THAN SMALL ENTITY</b>                    |                                       |                                       |                        |
| (Column 1)<br>FOR   | NUMBER FILED<br>N/A  | NUMBER EXTRA<br>N/A                                     | SMALL ENTITY <input type="checkbox"/>   | OR  |                                       |                                       |                        |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))   |  |   |   |   |                                       |                                       |                        |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(b), (f), or (m))  |  |   |   |   |                                       |                                       |                        |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(c), (g), or (j))   |  |   |   |   |                                       |                                       |                        |
| TOTAL CLAIMS<br>(37 CFR 1.16(j))  | minus 20 =   | *   | X \$ =  | OR  |                                       |                                       |                        |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))  | minus 3 =  | *   | X \$ =  | X \$ =  |                                       |                                       |                        |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(g))<br><br><input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) |  |   | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |   |                                       |                                       |                        |
|   |  |   | TOTAL   | TOTAL   |                                       |                                       |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2.   |  |   |   |   |                                       |                                       |                        |
| <b>APPLICATION AS AMENDED – PART II</b>   |  |   |   | <b>OTHER THAN SMALL ENTITY</b>                    |                                       |                                       |                        |
| AMENDMENT   | (Column 1)<br><b>04/30/2010</b>  | (Column 2)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | (Column 3)<br>HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA                                  | SMALL ENTITY <input type="checkbox"/> | OR                                    |                        |
|   | Total (37 CFR 1.16(h))   | * 17  | Minus   | ** 21   | = 0                                   |                                       |                        |
|   | Independent (37 CFR 1.16(h))   | * 13  | Minus   | *** 17  | = 0                                   |                                       |                        |
|   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |   |   |   |                                       |                                       |                        |
|   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |   |   |   |                                       |                                       |                        |
|   |  |   |   | TOTAL ADD'L<br>FEE                                |                                       |                                       | TOTAL ADD'L<br>FEE     |
|   |  |   |   | OR  |                                       |                                       | 0                      |
| (Column 1)  | (Column 2)   | (Column 3)  |   |   |                                       |                                       |                        |
| AMENDMENT   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR             | PRESENT<br>EXTRA  | RATE (\$)   | ADDITIONAL<br>FEE (\$)                | RATE (\$)                             | ADDITIONAL<br>FEE (\$) |
|   | Total (37 CFR 1.16(h))   | * *   | Minus   | **  | =                                     |                                       |                        |
|   | Independent (37 CFR 1.16(h))   | * *   | Minus   | ***   | =                                     |                                       |                        |
|   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |   |   |   |                                       |                                       |                        |
|   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |   |   |   |                                       |                                       |                        |
|   |  |   |   | TOTAL ADD'L<br>FEE                                |                                       |                                       | TOTAL ADD'L<br>FEE     |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
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|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
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|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
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|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   |  |   |   | OR  |                                       |                                       | 0                      |
|   | </   |   |   |   |                                       |                                       |                        |